

# Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

## Urethral syndrome in women attending an STD clinic

Sir,  
We should like to comment on the article by Dr S K Panja in the June 1983 issue of the journal (pp 179-81). The urethral syndrome, or abacterial cystitis, has been defined as frequency of micturition and dysuria in the absence of bladder bacteriuria.<sup>1,2</sup> These symptoms have been described in just over a fifth of women between the ages of 20 and 64 in one survey carried out in the United Kingdom.<sup>3</sup>

A causal role for *C trachomatis* in the urethral syndrome has recently been described.<sup>2,4,5,6</sup> Dr Panja's study is an interesting addition to the literature, as it reports the prevalence of chlamydial infection in a group of women who attended a department of genitourinary medicine with frequency of micturition and dysuria. It is difficult to evaluate the 18% isolation rate of *C trachomatis* in the study, as the prevalence of this organism has ranged between 12% and 37% in women attending STD clinics.<sup>7</sup>

In a comprehensive study of the urethral syndrome, Stamm delineated three groups of patients, having excluded those with vaginitis (candidiasis, trichomoniasis, and clinical genital herpes simplex infection) and cystitis ( $\geq 10^5$  organisms/ml of urine) from further study.<sup>8</sup> The remaining patients were subdivided into those with pyuria and low count coliform urinary infection, those with pyuria and *N gonorrhoeae* or *C trachomatis*, and those women with symptoms but no apparent pyuria or infectious aetiology. In Dr Panja's study, 38 patients would have been excluded from further consideration using Stamm's criteria. Since Stamm suggests that low count coliform infection may contribute to the urethral syndrome, it is impossible to comment on the role of *C trachomatis* in the present study without his additional information.

Hare and Thin suggest a causal role for *C trachomatis* in the urethral syndrome.<sup>4</sup> A prospective long term study, with sufficient cases and controls, looking into the aetiology of this debilitating yet common

condition is required with reference to patients and their male partners.

Yours faithfully,

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## References

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TO THE EDITOR, *British Journal of Venereal Diseases*

## Chlamydial infection and urinary symptoms

Sir,  
Since Stamm and his colleagues isolated *Chlamydia trachomatis* from the cervix, the urethra, or both of seven women with urinary symptoms,<sup>1</sup> it has become fashionable to postulate infection with this organism as a major cause of the urethral syndrome (urinary symptoms with negative results on aerobic mid stream urine culture). The fact that they reported pyuria in bladder urine collected by suprapubic aspiration remains unexplained, however.

There is no published evidence showing *C trachomatis* infection of bladder epithelium, and it seems possible that another cause of bladder pyuria was not detected by the overnight aerobic urine culture method used. The association of chlamydial with gonococcal infection is well recognised; it seems likely that it may also be associated with other infections which could be responsible for urinary symptoms.

We studied 20 women who presented to a genitourinary medicine clinic either as non-specific urethritis contacts or complaining of urinary symptoms. In addition to culture of urethral and cervical swabs for *C trachomatis*, mid stream and initial (first 10 ml) urine specimens were cultured by a method capable of detecting fastidious bacteria. (Columbia base chocolate agar incubated in an atmosphere containing 7% carbon dioxide for 48 hours). Cervical and vaginal swabs were also examined for *N gonorrhoeae* and *Candida* spp.

Of 10 women who yielded positive cultures of *Chlamydia* spp, only three admitted, on direct questioning, to any urinary symptoms. Two of these three also had coliform urinary infection, and *Gardnerella vaginalis* was isolated from the urine of the third. Nine of the 10 patients had evidence of multiple infections with coliform (urine), *G vaginalis* (urine and vagina), and *Candida* spp (vagina).

We should be cautious, therefore, in attributing urinary symptoms in women to chlamydial infection, as more extensive investigation will often show other pathogens.

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